



03/11/98 1588E060

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TRANSMITTAL OF UTILITY APPLICATION UNDER 37 C.F.R. §1.53	Attorney Docket No.	7408-2202
	First named inventor	Stoughton
	Express mail label #	EM468592510US
	Date of mailing	March 11, 1998


Application Elements	Accompanying Application Papers
1. <input checked="" type="checkbox"/> Fee Transmittal Form	6. <input type="checkbox"/> Assignment papers
2. <input checked="" type="checkbox"/> Specification No. Pages <u>174</u> (including Abstract)	7. <input type="checkbox"/> Statement of status as small entity
a. Title: METHODS OF DIAGNOSIS AND TRIAGE USING CELL ACTIVATION MEASURES	8. <input checked="" type="checkbox"/> Return Receipt Postcard
b. Number of claims: <u>39</u>	
3. <input checked="" type="checkbox"/> No. sheets of drawings <u>7</u> with <u>5</u> Figs.	
4. <input checked="" type="checkbox"/> Unexecuted Declaration listing names of joint inventors	
5. <input type="checkbox"/> Sequence Listing	
<input type="checkbox"/> Paper copy (identical to computer copy)	
<input type="checkbox"/> Computer readable copy	
<input type="checkbox"/> Verified statement	
	SIGNATURE OF ATTORNEY/AGENT
	BROWN MARTIN HALLER & McCLAIN Stephanie Seidman Registration Number: 33,779
If a continuing application: <input type="checkbox"/> continuation <input type="checkbox"/> Divisional	

CORRESPONDENCE ADDRESS		
NAME	Stephanie Seidman Registration No. 33,779 Brown, Martin, Haller & McClain	
Address	1660 Union Street, San Diego, California 92101	
	Telephone: 619/238-0999	Facsimile: 619/238-0062

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a)	Basic Fee			\$ 790.00
b)	Independent Claims	<u>5</u> - 3 =	<u>2</u> x \$ 82.00	\$ 164.00
c)	Total Claims	<u>39</u> - 20 =	<u>19</u> x \$ 22.00	\$ 418.00
d)	Fee for Multiple Dependent Claims	-	\$260.00	\$ 0.00
			TOTAL FILING FEE	\$ 1372.00

- [X] Statement(s) of Status as Small Entity
reducing Filing Fee by one-half to \$686.00
will be sent under separate cover.
- [X] A check in the amount of \$686.00 to cover the fee for filing the application.
- [] Charge \$.00 to Deposit Account No. 02-4070.
- [X] The Commissioner is hereby authorized to charge any fees, including the filing fee and additional claim fees, that may be required in this application under 37 C.F.R. §§ 1.16-1.17 during its entire pendency, or credit any overpayment, to Deposit Account No. 02-4070. If proper payment is not enclosed, such as a check in the wrong amount, unsigned, post-dated, otherwise improper or informal, or absent, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-4070 during the entire pendency of this application. This sheet is filed in duplicate.

CORRESPONDENCE ADDRESS					
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Address		1660 Union Street, San Diego, California 92101			
		Telephone: 619/238-0999		Facsimile: 619/238-0062	
Submitted by:					
Typed or printed name		Stephanie Seidman		Reg. Number 33,779	
Signature				Date 3/11/98	
				Deposit Account 02-4070	